

HOT SPOT

Hang on Tight—Stories, Parables, Occurrences, Training

Volume II, Issue V

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Spotlight on Care

Warnings when using medications and the value of reporting all health related factors.

MedWatch - The FDA Safety Information and Adverse Event Reporting Program has a web site that constantly updates problems with medications.

Every drug has a potential for serious side effects. A number of people have difficulty processing some drugs. Drug manufacturers enclose statements giving information on side effects as package inserts. The pharmacist may also include printed information for each medication dispensed. The doctor should discuss all medications and possible side effects during scheduled visits.

Zyprexa is an anti-psychotic drug that may be linked to diabetic ketoacidosis. Any individual on Zyprexa that shows a significant weight gain may need to be closely monitored for possible diabetes.

An individual taking Paxil requires monitoring for increased agitation and other symptoms of akathisia. Akathisia is a neurological phenomenon characterized by intense internal restlessness, agitation, aggression, and suicide attempts.

Some medications may need to be withheld for a specific time before a procedure or surgery (e.g.; Aspirin, Coumadin, Plavix). Once the procedure/surgery is completed, ask the doctor when to resume the medication. The surgeon may refer the individual to their PCP for continuation of medications. As a caregiver, it may be necessary to remind the individual as well as the doctor of the specific medication withheld.

Janssen Pharmaceutica and FDA revised the WARNINGS section of the prescribing information for Risperdal (risperidone), indicated for the treatment of schizophrenia. Cerebrovascular adverse events (e.g., stroke, transient ischemic attack), including fatalities, were reported in patients in trials of risperidone in elderly patients with dementia-related psychosis. In placebo-controlled trials,

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MORTALITY ALERT!

Bowel Obstruction.
Could this happen to you?

Thanks to—Dr. John Williams—for this informative article.

It is easy to take for granted the fact that the intestines undergo waves of contraction throughout the waking and sleeping hours. A bowel obstruction may occur when these contractions have been altered. Some individuals with severe developmental disabilities may be at especially high risk for developing a bowel obstruction.



Functional or mechanical factors may cause alterations of intestinal contractions, thus leading to a bowel obstruction. A functional obstruction is caused by a failure of the normal neurological reflexes that help control intestinal contractions. A person with a neuromotor disorder, such as cerebral palsy (CP), may present with chronic constipation. This neurological control may be so severely disordered that the person may have periods of complete absence of effective intestinal contractions. On the other hand, a mechanical bowel obstruction may be caused by blockage of the intestinal contraction from either inside or outside the intestines. For example, a foreign object or

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The HOT SPOT can be found on the web site for the State of Tennessee. Find it easily at www.state.tn.us/mental/publicate.html

MORTALITY ALERT!

Bowel Obstruction...

COULD THIS HAPPEN TO YOU? *from page 1*

a severe impaction may cause a blockage from inside the intestine. A loop of intestine, which is caught in a hernia sac, is pinched closed from outside the intestine.

All bowel obstructions are life-threatening events and must be reported to a physician quickly. Signs of a bowel obstruction may include, but are not limited to, decreased appetite, vomiting, abdominal pain, bloating, distention or discomfort, decreased or absent bowel movements. Risk factors for bowel obstruction may include such conditions as cerebral palsy, severe constipation, hernia, PICA (ingestion of uneatable objects), gallstones, or jejunal feeding tube. Also at risk are individuals with a history of abdominal surgery, peritonitis, previous bowel obstruction, inflammatory bowel disease, or diverticulitis. Early treatment of a bowel obstruction can be life saving.

Risk factors for bowel obstruction may include:

- Cerebral Palsy
- Jejunal feeding tube (J-tube)
- Severe constipation
- Hernia
- PICA
- Gallstones
- Past history of:
 - Abdominal surgery
 - Peritonitis
 - Previous bowel obstruction
 - Inflammatory bowel disease
 - Diverticulitis

Signs and symptoms of bowel obstruction may include:

- Decreased appetite
- Vomiting (may lead to aspiration)
- Abdominal pain or discomfort (crying, moaning, agitation)
- Decreased bowel movements
- Abdominal bloating or distention (rapid respirations or respiratory distress)

MORTALITY ALERT

Could this happen to you? Is it possible to have what seems like diarrhea, yet be constipated?

It is possible for a person to have a fecal impaction, and have stool leak around the impaction. When this happens, the leakage may appear as liquid stool and be mistaken as diarrhea. This situation may put a person at serious risk.

Diarrhea

Diarrhea is characterized by frequent bowel movements that are watery or made up of loosely formed stools. It is often accompanied by cramping, abdominal pain, bloating, and an urgency to move the bowels. It can also be accompanied by

nausea, fever, and bloody stools. Acute diarrhea lasts for a day or two and often stops as suddenly as it started. Diarrhea lasting longer than three weeks is considered chronic and may be an indicator of other problems. With both types of diarrhea, hydration is critical. With chronic diarrhea, medical attention is important in order to prevent mal-nutrition as well as dehydration. Rehydration is especially critical among children, the sick and adults who often have difficulty remaining hydrated even under normal conditions.

Consult a physician immediately if fever, repeated vomiting, dehydration or blood in the stool accompanies diarrhea or if diarrhea does not stop after 48 hours.

Note: Bloody stools can be a sign of a health problem more serious than hemorrhoids. If blood is noticed in the stools, tell the doctor so that he or she can rule out other causes.

Habits

It is extremely important to have regular habits to establish normal bowel function. Establish a regular routine based on a regular schedule. Try to have a bowel movement at the same time every day. The activity of the colon increases after waking up in the morning and after eating, so the urge to have a bowel movement is usually greatest after breakfast. Get up early enough in the morning to eat breakfast, exercise, and sit on the toilet. Exercise increases muscle movements of the colon and promotes normal bowel habits. This should become a daily routine. Promptly obey all urges to have a bowel movement - do not delay or postpone a visit to the bathroom, as the urge will disappear. Repeated ignoring of an urge will change the normal sensation in the rectum and can lead to constipation. The squatting position is the best for having a bowel movement. Elevate the feet on a footstool in front of the toilet or bend forward so that the abdomen rests against the thighs. Avoid excessive straining.

Medications

Some medications slow the movements of the colon and may cause constipation or make it worse. Some over-the-counter (OTC) medicines that should be avoided include antacids containing aluminum hydroxide (for example Amphogel, Alternagel) or bismuth (for example, Pepto Bismol), antihistamines (for example, Benadryl, Dristan, Chlor-Trimeton) and iron. It is important to discuss all medications with the physician, as there are a number of prescription drugs that may cause constipation. Do not stop taking any prescribed medications without approval from the physician.

Constipation

Constipation is a symptom, not a disease. It is frequently caused by a disturbance of how the colon works.

The normal functions of the colon are to:

- Remove water from the waste material that passes from the small intestine into the colon,
- Serve as a storage area for waste material, and
- Help move and expel stool from the body.

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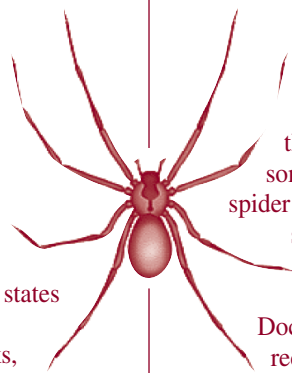
Hey! A Brown Recluse Spider Bit Me!

What Does a Brown Recluse Spider Look Like

The brown recluse spider is one of six poisonous kinds of spiders in the United States. It has long, skinny legs and is about one-half inch long overall (most adults are about the size of a United States dime to a US quarter with legs extended). The entire body is brown, except for a dark mark in the shape of a violin on its head. Poisonous relatives may be gray, orange, reddish-brown, or pale brown. Brown recluse spiders are most commonly found in Midwestern and Southern states of the U.S. They usually hang out in dark places. When they are outside, they like to spend time in piles of rocks, wood, or leaves. If they come inside, brown recluse spiders will go to dark closets, attics, or basements. They are non-aggressive and bite only when disturbed.

What a Brown Recluse Spider Bite Looks and Feels Like

A person who gets bitten by a brown recluse spider may not notice anything at first or only feel a little sting at first. After about four to eight hours, the sting will start to hurt a little more. The bite generally causes some mild stinging or burning and ulcerative necrosis may follow within several hours to several weeks. The initial lesion may be red, edematous (fluid filled) or blanched (white or pale) and later may develop a blue-gray halo around the puncture. It might look like a bruise or might form a blister surrounded by a bluish-purple area that turns black or brown and becomes crusty after a few days. Central blistering with a surrounding gray-to-purple discoloration of the skin may be seen at the bite site. A surrounding ring of blanched skin is itself surrounded by a large area of asymmetric redness of the skin leading to the typical “red, white, and blue” sign of a brown recluse bite. Other clinical findings may include fever, malaise (feeling of depression or illness), a scarlet-colored rash, arthralgia (pain in a joint), vomiting, and diarrhea. In rare cases, a person may experience shock, or other severe symptoms (renal failure, seizures, coma, etc.)



What Should Be Done

The possibility of being bitten by a brown recluse spider, requires that an adult be notified immediately. Brown recluse spider bites rarely kill people, but it is important to get medical attention as soon as possible because they can make a person sick.

Wash the bite well with soap and water. Ice can also be applied to the area. Elevate the area, and keep it still (to help prevent quick spread of the venom). If possible, have someone catch and bring the spider to the doctor's office. This is important because it can sometimes be hard to diagnose a spider bite correctly. The spider can be killed first before bring it; just be sure not to squish it so much that no one can tell what it is.

What a Doctor Will Do

Doctors treat people who have been bitten by a brown recluse spider with different types of medications like antibiotics, antihistamines, steroids, and pain medicines. Sometimes a skin graft might be needed if the skin is really damaged at the area of the bite. (A skin graft is when a small amount of skin is removed from some part of the body and put in a place where skin is damaged to create new skin.)

How to Avoid Getting Bitten

The best way to avoid getting bitten by brown recluse spiders is to be careful in areas where they like to spend time. Do not center activities near rock piles or woodpiles. If you are working outside in the yard in big piles of logs or leaves, wear gloves. Be sure to shake out blankets and clothing that have been stored in the attic or the basement, or if they have been in a closet but not used for a long time. The brown recluse also likes to stay between hanging clothes in the closet if those clothes are not often disturbed. If you keep your shoes under the bed, in a closed closet, or in a mudroom or garage, shake them out before putting them on. This spider is shy and will try to run from a threatening situation but will bite if cornered. People are sometimes bitten while they are asleep because they roll onto a brown recluse spider while it is hunting in the bed. More often, the victim is bitten while putting on a shoe or piece of clothing that a spider has selected for its daytime hiding place.

Special Fire Safety Precautions

Have working smoke alarms installed on every level of the home. Test them monthly. Keep them clean and equipped with fresh batteries at all times. Know when and how to call for help. Remember to practice the home escape plan.

Check Your Telephone

During power outages cordless telephones will not work. During an outage situation, it is important to have a telephone in the home that operates without electricity. This is necessary to report outages or other emergencies. A manual or cellular phone is desirable.

Home Safety Checklist

Most of us do not think much about electricity unless we are forced to go without it. Just like light bulbs and an appliance, the electrical system in the home deserves attention.

The Electrical Safety Foundation International urges consumers to take an electrical tour throughout their homes to look for potential hazards.

Many potential hazards are easily identified and corrected.

- Check to see that lamps and extension cords are not cracked, frayed or covered by rugs or furniture.
- Check light bulbs to determine that the wattage is appropriate for lighting fixtures.
- Electrical appliances should be kept away from damp and hot surfaces and have appropriate air circulation.

Dim or flickering lights, arcs or sparks, sizzling or buzzing sounds from electrical systems, odors, hot switch plates, loose plugs and damaged insulation, among other things, are signs of potential hazards and should be looked at by a qualified electrician.

For more information, send a 60¢ stamped, self-addressed No. 10 (business size) envelope to Electrical Safety Foundation International, 1300 North 17th Street, #1847, Rosslyn, VA 22209.

MORTALITY ALERT!

Bowel Obstruction...

COULD THIS HAPPEN TO YOU? *from page 2*

Constipation may occur because:

- Too much water is removed by the colon, causing dry or hard stools,
- Stool moves too slowly through the colon, or
- The person is unable to expel stools.

Normal bowel habits among healthy people vary greatly from three times a day to three times a week. In some individuals, constipation may refer to infrequent bowel movements (less than three per week). While troublesome, constipation is usually not serious. It should be treated and corrected to reduce abdominal discomfort and other related symptoms and to prevent the development of complications. Untreated chronic constipation may lead to or aggravate more serious problems such as hemorrhoids or fecal impaction (partial blockage due to hard stool). Consult a physician if chronic constipation continues, or recommended treatment fails to produce desired results.

If constipation is a problem one day, then suddenly there is liquid stool, do not assume the problem has changed. Consider the individual. Complaints of abdominal discomfort, lack of energy, changes in eating patterns, weight changes, and inability to pass any formed stool may indicate the impaction is still present. Bloody stools must be reported promptly to the physician for evaluation.

Spotlight

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there was a significantly higher incidence of cerebrovascular adverse events in patients treated with risperidone compared to patients treated with placebo. RISPERDAL has not been shown to be safe or effective in the treatment of patients with dementia-related psychosis.

Avandia is linked to increased levels of cholesterol and may increase the risk of heart failure and other cardiovascular abnormalities. Avandia has also been associated with potentially fatal liver problems.

Pursuant to the State of Tennessee's policy of nondiscrimination, the Department of Mental Health and Developmental Disabilities does not discriminate on the basis of race, sex, religion, color, national or ethnic origin, age, disability, or military services in its policies, or in the admission or access to, or treatment or employment in, its programs, services or activities.

The Tennessee Department of Mental Health and Developmental Disabilities is committed to principles of equal opportunity, equal access and affirmative action. Contact the department's EEO/AA Coordinator at (615) 532-6580, the Title VI Coordinator at (615) 532-6700 or the ADA Coordinator at (615) 532-6700 for inquiries, complaints or further information. Persons with hearing impairment should call (615) 532-6612.



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